

ROSS and ROSS
Accounting and Tax Service, P.A.

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4605 US Highway 17, Ste 2
Fleming Island, FL 32003
904-269-3737 / fax 269-8757

Greetings!

Enclosed is a worksheet to use as a guide in gathering your tax return information. Please update phone numbers and email addresses as well as any information that has changed. If you have any specific questions or concerns please include them with your tax information.

- We accept cash, check and all major credit cards for payment. Payment is due **BEFORE** we can transmit your tax return to the IRS--NO exceptions! **We also offer the ability to have our fees deducted from your refund for an additional fee.**
- Office hours during tax season are Monday through Friday from 9am to 6pm. The office will be open on Saturdays beginning February 11th, from 10am to 2pm for drop off and pick up **only**. We do not offer Saturday or evening appointments. Telephone appointments are available upon request.
- We encourage you to drop in your paperwork if there is no appointment time that meets your needs. Feel free to email, fax or mail your information.
- If you already have a scheduled appointment and you wish to drop off your work, please tell us when you drop in and we will work on things at your scheduled appointment time.
- After-hours you can drop your information through the mail slot in our door (**Fruit Cove location ONLY**). Please put it in an envelope with your name, address, phone number and email address in it.
- If you have a special need to have your tax return completed early, such as for financial aid applications or mortgage loans, please be sure to let us know in advance so we can better accommodate you.

If you DO NOT have a scheduled appointment, we must have your tax information before March 15, 2017. After that an extension may need to be filed. We will not be able to accurately estimate your tax after March 31, 2017. Interest accrues on any tax not paid by April 15th even if an extension is filed.

IF YOU NEED AN EXTENSION, YOU MUST CALL OR EMAIL TO REQUEST ONE! We cannot do this without direct contact from you. If your current work is in our office, we will do this if necessary.

We are looking forward to working with you this year.

Sincerely,
The Staff at Ross and Ross

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Please use this worksheet to gather your personal tax return information.

Last Name: _____ Phone: (H) _____ (W) _____

First Name: (self) _____ SS#: _____ DOB _____

First Name: (spouse) _____ SS#: _____ DOB _____

Cell numbers: (self) _____ (spouse) _____

Address: _____

City, State, Zip: _____

We will be communicating with you through email. Check here if you do not have an email address or would prefer for us to contact you via phone instead _____

Would you like to have the cost of your tax return deducted from your refund? (additional fees apply) Yes No

Email address (self): _____

Email address (spouse): _____

Do you want Direct Deposit of your refund? Yes No If yes, provide a voided check (**not a deposit slip**).

Do you want to allocate money (\$3) to the Presidential Election Campaign Fund? Self: Yes No Spouse: Yes No

Status (circle one): Married Single Newly divorced Married filing separate Legally blind Disabled Alien

DEPENDENTS

Name	Date of Birth	Social Security #	Relationship

Do your children or dependents have income from any source? Yes / No If yes, bring documents-rules have changed.

Child care expenses (bring statement if provided):

**** We MUST have the address & Tax ID numbers to take the deduction ****

Child's name for which the expenses were paid _____

Total paid to child care facility/individual \$ _____ \$ _____

Name, address, and tax ID # of that facility or individual:

Income From:*(Bring all documents)*

- | | | |
|---|--|---|
| <input type="checkbox"/> W-2 | <input type="checkbox"/> Partnership or S Corp (K1) | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Interest | <input type="checkbox"/> Rental or Farm | <input type="checkbox"/> Sales of Property/Land/Home |
| <input type="checkbox"/> Dividends/Cap Gains | <input type="checkbox"/> Estates or Trusts | <input type="checkbox"/> State tax refund |
| <input type="checkbox"/> 1099-R Pension Distribution | <input type="checkbox"/> 1099-Misc | <input type="checkbox"/> Business |
| <input type="checkbox"/> IRA distribution/rollover | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Gambling / Prizes / Tips / Other |
| <input type="checkbox"/> Roth IRA Conversion | <input type="checkbox"/> 1099C or 1099A (cancelled debt) | <input type="checkbox"/> Receive Alimony \$_____ |
| <input type="checkbox"/> Annuity rollover or transfer | <input type="checkbox"/> Sale of stocks, etc. | <input type="checkbox"/> Receive Form 1095-A, B, or C |

Did You:*(Bring all documents)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Adopt a child last year | <input type="checkbox"/> Exercise any ISO's | <input type="checkbox"/> Set up a trust |
| <input type="checkbox"/> Move last year | <input type="checkbox"/> Have employee business expenses | <input type="checkbox"/> Purchase a home |
| <input type="checkbox"/> Pay Alimony \$_____ | <input type="checkbox"/> Contribute to an IRA, SEP or Keogh | <input type="checkbox"/> Pay estimated tax: |
| <input type="checkbox"/> Pay Student Loan Interest | (Do you plan to?) | Date: _____ \$_____ |
| <input type="checkbox"/> Give gifts over \$14,000 to any person in 2016 | <input type="checkbox"/> Contribute/Convert to a Roth IRA in 2016 | _____ \$_____ |
| | | _____ \$_____ |
| | | _____ \$_____ |
- Have money or investments in foreign accounts or have online gambling accounts.
- Have you been a victim of identity theft? If yes, bring letter with PIN number issued by IRS.

Un-reimbursed Medical Expenses: (only deductible if exceeds 10% of income for 64 and younger or 7.5% if over 65)

Prescriptions \$_____

Doctors/Hospital/Dentist/Co-Pay Amounts \$_____

Health/dental/cancer insurance-*not pre-tax payroll deducted* \$_____

Long term health care insurance premiums self \$_____ spouse \$_____

Medical mileage _____

Taxes Paid:

Real estate tax - home \$_____

Land/Vacation home \$_____

Sales Tax Paid on: home improvements, titled vehicles-cars, boats, atvs, etc \$_____ Sales tax paid on **all** purchases \$_____

Interest Paid:

Home mortgage / equity loan interest (bring statements) \$_____

Mortgage interest paid to an individual \$_____

Mortgage insurance premiums \$_____

Contributions to registered non-profit organizations (call if you need a worksheet faxed or emailed to you)

Cash and checks \$_____

Clothes, furniture, etc. (**itemized separately if over \$250**) \$_____

Charitable mileage _____

There are specific rules for charitable deductions – you MUST provide proof to our office in order to take the deduction.**Miscellaneous:**

Tax preparation fees	\$_____	Investment fees	\$_____
Union / Professional dues	\$_____	Job hunting costs	\$_____
Business publications	\$_____	Uniforms unreimbursed	\$_____
Job related education	\$_____	Tools used at work	\$_____
Professional license / insurance	\$_____	Safety clothing / shoes	\$_____
Safe deposit box	\$_____	Travel & business expense need separate worksheets. Call or see our web site if you need one.	
Teacher supplies, books, equip (Only grades K-12)	\$_____		

College related information-Bring all documents:

Tuition & fees paid in 2016: _____ (YOU MUST provide 1098-T)

Required books, supplies & equipment paid in 2016: _____

Person it was paid for: _____

Year they began college: _____ Year of college they are in: _____

Amount of tuition paid by the pre-paid college fund: _____ (not payments to the plan)

Interest paid on education loans: _____ (must be a separate loan, not a consolidated loan)

Distributions from Educational IRA's or 529 Plans: _____ (MUST provide 1099-Q)

Distributions from IRA's used to pay college expenses: _____ (attach list of expenses paid in 2016)

Affordable Care Act (ACA) information:

Were you and ALL members of your household covered by health insurance for the entire year? Y__ N__ (If Yes, stop here)

Did you or any person in your household NOT have health coverage for any month in 2016? Circle months:

Individuals name: _____ Months without coverage: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Individuals name: _____ Months without coverage: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Individuals name: _____ Months without coverage: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Individuals name: _____ Months without coverage: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Did you receive an exemption from coverage granted by the Marketplace? Provide certificate.

Individuals name: _____ Certificate number: _____

Individuals name: _____ Certificate number: _____

Did you receive a hardship exemption from the State or Department of Health and Human Services? Provide certificate.

Individuals name: _____ Certificate number: _____ Exemption Type: _____

Individuals name: _____ Certificate number: _____ Exemption Type: _____

Did you receive advance payments of the premium tax credit? Please fill in the amounts:

January _____ July _____

February _____ August _____

March _____ September _____

April _____ October _____

May _____ November _____

June _____ December _____

Please provide Form 1095-A from the Marketplace

Additional notes, information, questions, or comments: